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ORIGINAL DEPARTMENT.

LECTURES.

A LECTURE ON DIABETES MELLITUS.

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(CONCLUDED, from page 3.)

IV. MEDICAL MANAGEMENT OF DIABETES.

In studying the clinical and therapeutical history of this disease, you will find that patients have been benefited by the most opposite modes of treatment. Thus we hear of a man in one of the London Hospitals, who, contrary to what usually happens in diabetes, becoming much worse under the use of a diet consisting entirely of meat, eggs, and carefully prepared diabetic bread, speedily improved by being placed upon a generous diet, mixed, with the addition of eight ounces of sugar candy and four ounces of molasses daily. Dr. BUDD, who reports this case, says: "That a diabetic man should not only recover his health by eating sugar, but that his diabetic symptoms should also very nearly vanish under the same treatment, is a fact that stands in startling antagonism to all present views, as well as to all prior experience on the subject."

Dr. BUDD has, from time to time, published cases similar to the above, which were treated in a like manner with the same success. Other practitioners have tried the sugar treatment, but, as a general thing, it has proved injurious, and should be instituted with the greatest caution. When other established modes of treatment have failed, I should not hesitate to give it a fair trial.

HEADLAND, in his philosophical work on the "Action of Medicine in the System," maintains that, for the medical cure of diabetes, the chief thing to be accomplished is to convert glucose into lactic acid. He says that it is clear that if the process of changing glucose into lactic acid were stopped short with the formation of glucose, the excretion of sugar from the kidneys would immediately cease. Now, it has been found, that out of the body, rennet converts sugar into lactic acid, and building upon this fact, some practitioners have extolled this article as a remedy for diabetes, but like all other, it has but little influence in mitigating the disease, and I am not aware of a single case that has been permanently benefited by it. For the same reason, HEADLAND has recommended new milk; he advises, at the same time, milk just turned sour, because, he imagines that it has a tendency to facilitate the conversion of diabetic sugar into lactic acid, acting in a catalytic manner. He states that this article has been used in several cases with success.

Yeast has also been proposed with a view of converting diabetic sugar into lactic acid. HEADLAND says that it has two important objections: It tends to transform the sugar into alcohol instead of lactic acid, and it operates only in the stomach, whereas, it is in the blood that we desire the catalytic action of the ferment. Dr. GEORGE B. WOOD, on the contrary, recommends yeast very highly as a therapeutic agent in diabetes. He says, "Another indication is to endeavor to cause the chemical change to continue, which converts the sugar into lactic acid and carbonic acid gas. Rennet has been used for this purpose. Several years ago, I was struck with the idea that yeast might accomplish the same thing. I gave it in some cases, and found a favorable change. I claim no merit for the application, it is not a specific, but a remedy." I have found yeast useful in several cases of this malady when administered in connection with other therapeutical agents, especially with belladonna, opium, quinia, strychnia, iron, and napleworth.

Dr. GEO. J. ZEIGLER, of Philadelphia, a

gentleman distinguished for his success in treating chronic diseases, recommends the Nitrous Oxide gas as a remedial agent of singular efficacy in this obstinate disorder. After speaking of its therapeutical effects in certain cachexiæ, he says, "As a curative agent in diabetes of a mild form, nitrous oxide is especially active, for I have repeatedly seen saccharine conditions of the urine rapidly disappear under its use, but of its remedial efficacy in extreme cases of this affection, I am unable to speak from any practical experience, never having had the opportunity of testing such an abnormity. Nevertheless, from the cure, as well as prevention of all forms of that peculiar malady, excepting perhaps, the traumatic variety so long as it is thus dependent upon the state of transmutation, I am confident nitrous oxide will, *cæteris paribus*, prove a specific."

Dr. JOHN DAY records in the *London Lancet*, Jan. 11, 1868, a case of diabetes which had resisted all ordinary treatment for three years, which rapidly improved under the influence of the etherial solution of the per-oxide of hydrogen, given in half drachm doses mixed in an ounce of distilled water, three times a day.

Fardisation of the vagus nerve has been found useful in some cases of this disorder. It should be frequently repeated. Strychnia, iron, and cold douches are employed as adjuncts to the treatment.

Some of our best practitioners recommend counter-irritants to the back of the neck, and large doses of bicarbonate of soda, repeated as often as possible, with a mixed diet, and great caution as regard to drinks, as the most successful treatment for diabetes. NIEMEYER, in his "Text Book of the Practice of Medicine," says, "At present, however, the alkaline carbonates are the only medicines whose beneficial action upon diabetes can be claimed with certainty. In GRIESINGER'S clinic, the exhibition of doses of bicarbonate of soda effected a distinct, although slight, improvement in the disease."

But you will generally find that this disorder is not materially mitigated by special therapeutical agency. More can be accomplished by improving the patient's general condition, restraining the waste of the tissues, maintaining the vital powers, and reducing the amount of urine. To accomplish the latter object, there are no medical agents so valuable as opium, belladonna, and carbonate of ammonia; they will speedily lessen the amount of sugar, and reduce the quantity of urine in cases that are susceptible of the least improvement. Indeed, caution is necessary in their administration, that they do not check it too suddenly, and expose the patient to all the dangers of uræmic poisoning. I am in the habit of prescribing a pill composed of one grain of opium and half a grain of ext. belladonna on retiring at night, and ten grains of the carbonate of ammonia three times a day after each meal, in a wineglassful of cold water. Opium also restrains the waste of the tissues. Cod liver oil, quinia, iron, and strychnia, when properly administered, maintain the vital forces, improve the strength, and indirectly contribute to reduce the quantity of urine.

The next important question in the management of the diabetic patient is his diet. This, I am satisfied, should always be generous. The restricted diet so much insisted upon by some practitioners, is anything but beneficial. In all wasting disorders I am opposed to the starvation mode of treatment. In diabetes, if you would keep your patient from speedy dissolution, feed him well. A mixed diet is best. He should have bread and feculent food, but not in large quantities. Dr. PROUT, who made diseases of the urinary organs a special study, and had more experience in treating this malady than any of his contemporaries, was in the habit of prohibiting his patients from using every kind of saccharine matter in which the principle was in the crystallizable form. This rule, therefore, excluded at once all fruits, whether subacid or sweet; as every compound, natural or artificial, into which sugar enters. Every infringement of this rule retards the cure or endangers the return of the worst symptoms of the disorder.

The late Dr. BIRD, in his excellent work on "Urinary Deposits," says that the chief therapeutical indication in diabetes is the regulation of the diet. In most instances, he is of the opinion that it is sufficient to cure the disease. The following is his diet-table for diabetic patients:

"BREAKFAST—Rasher of bacon, or chop, or eggs, with bran bread or a slice of white bread, cut rather less than a quarter of an inch thick, and toasted so as to be brown throughout, no white unchanged bread being left in the middle. Coffee, tea, or cocoa, with milk for drink.

"DINNER—At 1:30 P. M.—Fresh meat, poultry, or fish of any kind; all vegetables freely, excepting potatoes, carrots, parsnips, celery, beet-root, and artichokes. *Omelettes aux fines herbes* for puddings, or custard made without flour or sugar, bran bread and cheese, with lettuce and water cresses.

"TEA—Like breakfast, omitting the meat.

"SUPPER—At 9 o'clock P. M.—Bran bread and butter, a basin of rice and milk, without sugar, or a sandwich of meat and toasted bread."

This diet-table is amply sufficient to supply the wants of most patients suffering with this disorder. In some cases it will have to be very much modified. In this country we are not in the habit of taking our food so often, nor crowding our stomachs with so much aliment as our English neighbors. Three meals a day are sufficient, and when the stomach is feeble, great care should be taken in selecting such articles of food as are of easy digestion and certain materials that are easily converted into blood.

In relation to drinks, much might be said. Pure water is unquestionably the best, and is eagerly sought after by most patients. Some practitioners object to allowing the individual to drink as much as his thirst craves, but I have never discovered an injurious consequence resulting from it. For the relief of thirst sound porter is recommended as a drink by Dr. PROUT. Alum whey, carbonate of lime, magnesia water, and hard cider have all been extolled for the same purpose. Indeed, I remember reading of a grave case of diabetes being cured by cider alone.

We have already observed that in this disease the bowels are usually costive and the skin harsh and dry. For the relief of the first, an enema of warm water is better than aperients, as it does not derange the digestive organs or add to the general debility of the patient. Where an aperient is demanded, we should select the mildest. The citrate of magnesia is probably the best. It should be taken at night just before retiring to rest. The second may be greatly mitigated by the occasional use of the tepid bath and friction, while the clothing should be of the warmest kind. Some physicians have thought it good practice to produce profuse sweating, as it has a tendency to lessen the amount of sugar in the urine; but I see no special advantage in this, for where it is not eliminated through the kidneys, it will be found in the cutaneous excretion in larger amount, if the sweating is at all abundant. If we would treat this disease successfully, we must guard against all extremes. The patient must be instructed to keep regular hours, abstain from all passional excesses, sleep in a well ventilated room, and take such physical exercise as the nature of his case demands.

If, therefore, under judicious medical and hygienic treatment the sugar disappears from the urine and the patient gains in weight, the disease is probably in the first stage, or is of a mild character, and the individual may be restored to permanent health. If, on the contrary, it does not disappear under treatment, but is increased in quantity, and the amount of urine passed is very large, attended with progressing emaciation and loss of strength, the malady will inevitably prove fatal. If, in connection with sugar, albumen be present in the urine, it is commonly evidence of organic disease of the kidneys, and is an unfavorable symptom and renders the prognosis very gloomy. Again, if, after twelve or fourteen hours of total abstinence from food, the specific gravity of the diabetic patient's urine remains unchanged, the malady is unquestionably of a grave form, showing that the sugar is formed at the expense of the tissues of the body.

"It should be remembered," says Dr. HASSALL, "that no great change at first is in general observed in the specific gravity of the urine passed, but merely in the quantity, the gravity remaining the same. It is only as an approach is made toward recovery that the specific gravity falls, so that, if we would judge correctly of the progress of the case, we must observe, not merely the weight of the urine voided, but the quantity. This is an important practical fact, and, unless attended to, we shall often be led from observing the specific gravity to remain so stationary to come to the erroneous conclusion that the case is not being benefited by the treatment. It should also be remembered that on a meat diet the urea, and consequently the specific gravity of the urine, is greatly increased."

LIGATION OF THE FUNIS.

Examination of an essay published by Dr. A. F. A. King.

BY DR. HORACE SMOOT,
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We have read an essay written by Dr. King, of Washington city, D. C., setting forth the theory that the ligation of the funis is in all,

or in the large majority of cases, unnecessary; in many positively injurious; and in not a few actually fatal to life. We propose to notice some of his remarks in this article. The theory of the non-necessity of tying the cord is not a new one. As the Doctor, himself, says, it is mentioned in Beck's Jurisprudence, vol. 1, p. 544, 11th ed., "That the necessity of tying the cord was first disputed by J. FANTONI, Professor of Anatomy at Turin, who suggested that this precaution was useless, and that the neglect of it was unattended with any danger to the life of the child." Thus far Professor FANTONI agrees with Dr. KING, but he does not say that it is injurious to ligate. The same opinion has been advanced by other ancient authors, but in spite of them all, the practice of ligation has continued. We find the practice again attacked by Dr. KING, who has managed the subject very adroitly and ingeniously, but he has not convinced us that the practice is a bad one. Ours is a profession of experiments. All of the great truths which it contains have been proved to be such by actual experiment. And unless a theory can bear the test of experiment it should not be received as true.

Has not the practice of tying the cord been proved to be good by thousands of experiments? Undoubtedly it has. Has the practice of leaving it without a ligature been proved by a sufficient number of experiments, to be as good; or as Dr. K. will have it, better? Certainly not. Therefore we are unwilling to admit it to be as good practice until it is so proved by the great and unerring test. We will admit that a few cases have done well without the ligature. So have cases of pneumonia done well without the aid of medicine; but that does not prove that medicine is useless in the disease. He begins by saying, "its design (meaning his paper) is to prove: 1st, That ligation of the umbilical cord at childbirth is in all, or at least in the very great majority of cases, unnecessary. 2d, That in many cases it is injurious. And 3d, That certainly in some, and probably in not a few, it is actually fatal to life." At the closing of his essay, he has the following: "In reviewing what has now been said, and to sum up the whole matter, the conclusions at which we feel justified in arriving are these: 1st, That ligation of the umbilical cord in the human infant is unnecessary. This, for the following reasons: (*a.*) Because the operation is not required at the birth of any other animal. (*b.*) Because the imagined necessity for it, (viz: to prevent hemorrhage), does not exist, as distinctly appears from a knowledge of the formation of the cord, and of the structure of its component vessels; as well as from the numerous recorded cases, in which no ligature was applied, and yet no fatal bleeding followed. (*c.*) Because to ligate for cleanliness' sake is superfluous. (*d.*) Because it is unreasonable to attach to the process of reproduction in woman, so glaring an imperfection, as that the birth of a single child cannot be safely completed without a strand of thread upon the umbilical cord.

2*d.*—That ligation of the umbilical cord at child-birth is in many cases injurious. This for the following reasons: (*a.*) because, as shown in the text, it may justly be considered as the cause of *secondary hemorrhage* from the umbilicus; (*b.*) because by preventing that flow of blood which should naturally take place from the umbilical vein, and thus giving rise to congestion of the liver, it produces *infantile jaundice*, and probably also schlerema; (*c.*) because by interfering with desiccation of the cord, and thus preventing its separation, it gives rise to *ulceration of the navel*, and, as a not unfrequent occurrence, *erysipelas*, *fungoid* excrescence, &c.; (*d.*) because by maintaining the funial vessels in a state of congestion and distention from unnaturally retained blood, it causes the *inflammation* of those vessels and also hinders their normal obliteration, thus laying the foundation for *umbilical phlebitis*, *erysipelas*, jaundice, pyemia, &c.; (*e.*) because by preventing a normal escape of blood when the cord is divided, and thus causing hepatic hyperæmia and congestion of the portal circulation, it may lay the foundation for that innumerable list of fatal infantile affections which so often appear to originate in congestion of the portal blood vessels.

3d. That certainly in *some*, and probably in *not a few*, the operation of ligating the funis has been directly fatal. This, for the following reasons: *a*, Because numerous cases of death, in which the fatal result was ascribed to ligation, have been recorded by the highest obstetrical authorities. *b*. Because it can be seen how the operation in the case of stillborn children, maintains the right ventrical in a state of distention, (otherwise relieved by bleeding from the hypogastric arteries,) and thus effectually prevents the renewal of the

heart's action when it has stopped; or renders the stoppage complete when it is about to cease. c. Because, in many instances, the removal of the ligature has saved the life of the infant, *when all other remedies had failed.*"

In regard to his first proposition, we think he admits, that in some cases it is necessary to ligate. Mark his language: "That ligation of the umbilical cord at child-birth is in all, *or at least in the very great majority of cases*, unnecessary." What would he have us to do in those cases in which it is not unnecessary? We presume he would allow the ligature. How long must we wait until we are satisfied that the hemorrhage has gone far enough? We suppose when the child has become pale, with a weak, fluttering pulse, etc., the time with him has arrived for some remedy, and we know of none that would succeed so well as the tying of the cord. If the ligature be necessary at this stage of exhaustion, would it not have been better to have applied it earlier, and prevented altogether that train of symptoms which accompany excessive hemorrhage? Why allow a child to bleed to death's door when it can be prevented by as easy and simple an operation as tying a string around the cord? Supposing only one case in a hundred might be followed by bleeding, we think, we would not be justifiable in permitting that case to occur when we have at our command a certain preventive. We have a remedy from which, we are free to confess, we have never seen, in a single instance, any bad results. And, we think, if bad results were at all likely to follow the ligation of the funis, considering the countless cases in which it has been used, from time immemorial, we certainly would have had more accounts of them than we have. We say time "immemorial," for we do not remember ever to have seen any account of the first instance of the tying of the cord, though Dr. KING has been able to trace back to the time when the necessity of it was first disputed. It has been in existence so long that the "memory of man runneth not to the contrary." Which, in our opinion, is pretty good evidence of its safety and utility. If there were evils attending it as numerous as Dr. K. thinks, we are satisfied that the accoucheur, before this, would have had so frequent examples of injury inflicted upon the child by the operation, that he would long ago have laid it aside. But it seems that nothing has occurred from the innumerable cases of tying the funis, that has led the practitioner of midwifery to consider it bad practice. We allude to the very great majority of pracittioners, for a few have dissented; among whom we find Dr. K. enlisted. Tying the cord is practiced in all parts of the civilized globe where children are born. We are unable to say what is the practice among savages, or the uncivilized; but are inclined to believe that they tie it also, for reasons that we will give presently. Neither can we tell whether the umbilical cord that was attached to the belly of Cain was tied or not.

Dr. KING says: "As to the necessity of the operation, we may remark, first, that ligation of the umbilical cord in the human infant is unnecessary, because it is a proceeding not required at the birth of any other animal." We suppose he means by that, that instinct in animals is always correct and directs them to what is best, and to what is in perfect accordance with the requirements of nature. In that we agree with him. Each animal is provided with an instinct peculiar to itself, which is designed for its own preservation and protection. An arrangement in nature most beautiful and wise. Man is neither pig nor puppy; consequently he has not their instincts, but is blest and enabled by a higher faculty, which we call reason. Higher, because it is capable of protecting him under a greater variety of circumstances, because it has a greater latitude in varying his ends and purposes, and because it teaches him that he stands at the head of creation on earth.

Reason may be the effect of instinct in man; for if he does not reason by instinct we cannot tell by what power he is made to reason. Therefore, presuming that he reasons by instinct, it is but fair to conclude that he is in possession of faculties that will direct him as safely to the means of his own preservation as may be implanted in the lower animals. Now since man is as much a creature of nature as any other animal let us reason from his own nature and not endeavor to bring him under the laws that have been designed for animals of an unlike nature. It would be very unwise, if we could do so, to compel a pig to live under the laws that were designed for the government and preservation of a puppy; for nature has formed them different, and so they must remain. We see the conformation of the body of every animal admirably adapted to serve the necessary purposes of the intended habits of the animal. We see the carnivorous animals possessing teeth and claws suitable for catching and tearing in

pieces their prey in order to reduce it to food. Their teeth are adapted also to tearing in twain the umbilical cord. And from the very fact that their conformation is such that they cannot divide the cord by a complete incision as a man can. Their young have at the first moments of their birth the power of locomotion, which they immediately put into exercise in order to get food, which assists in tearing and breaking the cord that fastens them to their parent. This power of locomotion is not given to the new-born babe, but there it lies after its birth as helpless as an egg that has been laid by a fowl. Does not this state of helplessness teach us that assistance from some foreign source is necessary for its preservation? For the mother in her exhaustion is certainly not able to care for her offspring and if left unassisted the child would frequently be strangled by coils of the cord around its neck, or be drowned perhaps in the blood of its parent. But according to Dr. K's argument, as we understand it, she is like any other animal in labor, and endowed with all the means that the lower animals have for taking care of herself and offspring in the critical hour of her travail. If such were true she would not be woman.

The labor of a woman is as natural an operation as it is in any of the lower animals, but it is accomplished according to her peculiar nature; and she is governed by laws peculiar to herself, and not by laws that regulate and control animals of a different nature. It is entirely natural for her to call for help; all the help she can get; whilst other animals, during the time of their parturition, will seek some secret place where they may not be disturbed. Therefore, to run the analogy between woman, in regard to the process of labor, and the lower animals, we think would not be a legitimate way of reasoning; because the natures of the two, being unlike, the treatment in their respective cases must be different. What would be more unnatural, even in the savage, than for the mother to bend her body and bring her teeth in contact with the cord of her new-born babe, for the purpose of separating it? Yet this is the habit of some animals. What is the first impulse of the mother of a child immediately after its birth? It is to have it separated, from its attachment to the placenta, in order that she may see it and take it in her arms, which are so admirably adapted to that purpose, and perhaps kiss the sweet little thing.

When we go about dividing the cord, what is the most natural way for us to do it? We think the first idea that would arise in the mind concerning the manner of doing it, would be to divide it with some cutting instrument; and if we then saw the blood spirting forth, what would be more natural than for us to tie a ligature around it? We think that Dr. K., whilst he advises to follow nature, and points out the process as we see it in the lower animals, as a copy for woman, is really placing her in a position, and under circumstances, very different to what her nature requires. We think he has mistaken the nature of woman in her hour of travail, because he has gone to the lower animals for his material to make out his case. Let us look at woman herself to find out what may be necessary for her. We think that each genus in the animal creation has within itself all the elements necessary to point out what may be required to preserve it according to the designs of nature. Each genus must be its own interpreter of the phenomena peculiar to itself. We do not object to drawing from nature, for she is the great store-house of knowledge and truth. But let us watch her pointings and interpret them correctly. Because arsenic will not kill a dog, let us not suppose that it will not kill a human being. Because the hog wallows in the mire, let us not think that that is the natural state of man. But let us endeavor to arrive at what may be natural for each genus within itself. And when we have reached that point, we have arrived at a great truth that will direct and govern us in the management of each genus, whether bird, insect, creeping thing, or woman in labor, as well as the offspring. Since we find that woman in her confinement requires attentions that are not necessary for the parent in the lower animals, it is but fair to presume that her offspring also requires attentions that are unnecessary for the young of the brutes. And also, what may be necessary for woman and her new-born child in civilized life, may be unnecessary for them in the savage state. Nature adapts the young of the savage to the circumstances under which they are placed, and so does she adapt the offspring of the civilized woman to the circumstances surrounding it. It is more tender; cannot bear the exposure to cold, etc., which the child of a savage can; cannot bear the loss of so much blood from the funis, consequently she teaches us to tie a string around the cord, to save all its blood, to husband all its strength,

to wrap it up in flannel, etc. All this may not be necessary with the savage. Even if it could be proved that the ligature of the cord was not practiced by the savage, we think that that would not prove it to be unnecessary in civilized life. We have remarked before that the cutting of the cord with some sharp instrument was the most natural way for it to be done by man; and it has also been stated that the conformation of all animals is such as to best enable them to perform those acts which their reason or instinct may point out as necessary for their comfort and preservation, not only for themselves, but for their offspring.

Now let us look at the conformation of man. Let us examine his hand. He is the only animal on the face of the earth that possesses such a member; so admirably adapted to the performance of such a variety of purposes. Just a glance at it will tell us that it was designed for using instruments. Almost everything that man does is by the use of an instrument; whilst the lower animals cannot use them. If an animal cracks a nut he does it with his teeth, man does the same act with an instrument. That is one of the distinguishing features between man and the lower animals. Therefore, we think, it follows that what may be necessary for an animal to do with his teeth and paws, if the same or a similar act had to be done by man, he would as instinctively use an instrument. So that, to divide the cord with a cutting instrument is in perfect accordance with his nature, as well as nature's design. And to do it in any other way would be unnatural. And as it is apt to bleed more when divided in that manner, he at once sees how he can remedy it by applying the ligature, which an animal could not do, hence the necessity of their dividing it in their own way by gnawing it in two, in some instances, and by its being broken in others, by the dropping of the young from such animals as bear their offspring in the standing posture.

We have endeavored to show that it is not a correct way of reasoning, by making parallel cases of animals of unlike habits and natures. But for the sake of argument, let us suppose it to be a legitimate way of reasoning, and see what it proves. We will take the case reported by Dr. Wm. Hunter, as given by Dr. K., in which it is said, "Dr. Hunter watched the parturition of a bitch, and thus records the result:" "The pains coming on, the membranes were protruded; in a pain or two more, the puppy followed. You can imagine with what eagerness the mother lapped up the water, and then taking hold of the membranes with her teeth, drew out the secundines. These she devoured also, licking the little puppy as dry as she could. As soon as she had done, I took it up, and saw the navel string much bruised and lacerated. However, a second labor coming on, I watched more narrowly, and as soon as the little creature was come into the world, I cut the navel string, and the arteries immediately spouted out profusely. Fearing the poor creature would die, I held it to its mother, who, drawing it (the cord) several times through her mouth, bruised and lacerated it, after which it bled no more. This, I make no doubt, is the practice of other animals."

As seen, Dr. HUNTER states, after he had cut the cord it bled profusely, but as soon as the mother bruised and lacerated it the blood ceased. We would like to know if any danger was likely to occur by stopping the hemorrhage by a ligature, if the same would not happen after it had been stopped in the manner in which it was done by the bitch. Her method stopped it as suddenly and as effectually as a ligature would have done. Therefore, whatever injuries, if any, might be incidental to the one method would also be incidental to the other, in regard to the simple stopping of the blood; but we think the danger of phlebitis would be greater after the cord had been torn and bruised than it would have been had a ligature been neatly applied to the cord. He says: "But again we may observe that the operation of ligation is superfluous, because the imagined necessity for it, viz: to prevent hemorrhage *does not exist*; that no such fear (viz: of hemorrhage) need be apprehended, will distinctly appear from a knowledge of the formation of the cord itself, and of the histological structure of its component vessels." Now it does not matter what may be the nature or formation of the cord; if it can be shown that dangerous hemorrhage has occurred it is presumable that it may occur again. We agree with him, if there were no danger hemorrhage then the tying of the cord might be superfluous, but if there is danger then the ligature is not only not superfluous but absolutely necessary, and it would be unsafe to neglect it.

He has mentioned eighteen cases taken from Dr. TAYLOR'S work on "Medical Juris-

prudence" as having occurred in the practice of different authors, in which the ligature was not applied, and in most of them there was no hemorrhage, and in none was the bleeding fatal or even dangerous. We admit that the cases are as reported; but does that show that they would have turned out worse if the ligature had been used? Certainly not. In our humble judgment, it shows that the ligature is at least a safe practice; which we will discuss when we come to notice his second proposition.

(To be continued.)

IODOFORM.

By Stiles Kennedy, M. D.

Of Newark, Delaware.

Some three years ago, through the columns of the Reporter—I think in February, 1866—I called the attention of the profession to the great value of Iodoform as a remedy in constitutional and nervous diseases. My observations at that time had been limited to a few desperate cases, where all other remedies had failed and this one had proved abundantly successful.

My object was to place the remedy before the profession, and let it stand the crucial test of experience. I have not been deceived, it has passed the ordeal, and is held in high esteem by all those who have given it a trial. From many letters received from professional gentlemen, and from numerous articles published in the various medical journals of the country, I am glad to observe that it has gained the confidence of the profession, and in calling their attention to the remedy again, I do so for the purpose of getting them to push their investigations in the direction of *nervous diseases*, both organic and functional, and I propose to cite some cases treated by myself and others which may be of service to them.

In the summer of 1868, Dr. I. V. Knotts, a talented young physician of Templeville, Md., was called to see a patient suffering with periodic gastric neuralgia, of several months' standing, in a man not thirty years of age, of antecedent good health and vigor. The pains in his stomach recurred on each afternoon, and lasted well during the remainder of the twenty-four hours. The pains were as severe as neuralgic pains generally are, and the patient a greater sufferer than usual owing to the locality of the disease, he was "drawn up," pale and emaciated by several months' suffering. Living in a neighborhood where, in a circle of ten miles, there are as many doctors, it is needless to say he received treatment of the kind usually practiced; quinine, iron, morphia, arsenic, blisters, mercury and so on. But none of these remedies, nor all of them, produced but the slightest temporary impression. At my suggestion, Dr. Knotts, who had used Iodoform in several other diseases, tried it in this case. Two grains, with as much iron per hydrogen, in pill, three times a day. In one week the patient was well; there was no sign, appearance or indication of pain, a condition he had not been free from for many months. The medicine was continued for two weeks, and the patient has had no return of the disease to this day.

In the month of January, 1869, a carpenter by trade, 45 years of age, came to me. He was suffering with an intense pain in his scalp, running from the eyebrows over to the occiput. The pain would come and go every few hours, lasting several hours each time, so that he lost about half his time when at work. Very frequently the pain would be so constant that he could not attempt to work for several days at a time. He had been in this condition for more than a year and was constantly growing worse. At the same time he had been treated by several skillful physicians of my personal acquaintance for rheumatism, neuralgia, and syphilis. I am positive in saying that this patient had received all of the so-called improved plans of treatment. At my suggestion he had visited two physicians at some distance from his home, after I had made him stagger for a week under heroic doses of s. quin.. s. morph., ferri. and ac. arsen. I was anxious to make a test case of this; therefore I took the trouble to know that he had been treated and all had failed to give relief, and he came to me in January, as I have described. I wrote the following prescription for him:

For W. C. Reed.

℞. Iodoform,
Pulv. ferri aa. gr. c.
Veratriæ, gr.j M.
Ft. massa et. div. in pil, No. L.
S.—One three times a day, before meals.

Repeated failures had produced distrust and despondency, and when he learned that compounding the prescription would cost him about four dollars, he felt as if he did not want to waste any more money, especially as he was a poor mechanic, and had a family to support off of about half time. I encouraged

him as much as possible, and finally I told him that if he would take the medicine faithfully for two months and then was not sufficiently relieved to work on full time, that I would pay for his medicines. This was decidedly unprofessional, but I did not want to lose so good a chance to test the remedy, and I wanted to inspire confidence in the patient. The medicine was prepared and he began to take it the next day; and since the 29th day of January, twelve days after commencing the remedy, and nearly a year ago, he has not lost one hour's time on account of pain, or his previous ailment. He quit taking his medicine long before the two months were out, against my remonstrances. The pain has recurred twice since then, in a very modified form, and quickly disappeared by his taking the pills two or three days.

I believe these two cases were diseases of the nerve tissue, the former on a rheumatic taint, the latter on a syphilitic taint, and I have met them in scrofulous habits, but all have yielded alike to Iodoform. In two or three cases I have combined veratria as in the one above, but it is of questionable advantage.

Dr. A. L. Hamilton, of Kenton, Tenn., in the Reporter of 18th December, sent me by some friend, reports a case as remarkable as those given above. It can be stated in a few words. A woman forty years old, married eighteen years, of good health, appetite and appearance, was attacked with an acute pain extending along the left sciatic nerve to the toes. The case was treated for two months by a clever gentleman of the *Eclectic* faith; the patient confined to bed and in nowise relieved by the treatment. Dr. H. was then called and treated the case in bed for two months more, with the bromides, iodides, arsenic, strychnia, belladonna, hyoscyamus, iron, quinia, opium, valerian, aletris far., counter-irritations, hypodermic injections. Finally he had exhausted his *armamentarium medicum*, his skill, his patient and her husband, "without the slightest amelioration of the symptoms." "About this time" he writes, "I read an article in the Reporter from the pen of Dr. Stiles Kennedy, who stated that he had treated a similar case with "*Iodoform et ferri*" successfully. I immediately ordered the pills, and commenced giving them, *two ter die*.

Now mark the result of the new treatment, it is really wonderful, yet my whole experience with this drug will testify to its truthfulness, (the italics are mine.) He says: "*In seven days the pain was gone, and she resumed her household duties; cooking, washing, etc., after four months' confinement to bed.*"

In about two years the disease threatened to return; a few of the same pills relieved her, and she is still in good health.

I hope Dr. Hamilton will furnish the profession with his experience with this medicine in other cases; especially in hysterical, rheumatic and cutaneous diseases.

IN FEVER AND AGUE.

I have met with two cases of this disease where Iodoform acted most satisfactorily.

One case was in a girl 12 years of age who had had chills for nearly a year, and had tried all the usual remedies. She was very thin, pale and dispirited; I gave her six grains of Iodoform on chill day, in ten grain doses, every two hours, the last dose to be taken one hour before chill time. After the second day she missed her chill. The disease returned in about a month; the medicine was resumed, and she has had none for more than a year. If the medicine had been continued when it was first given I do not suppose she would have had a relapse.

The other case was that of a young lady who, from idiosyncrasy, could not take sulph. quinia. The same prescription was given as above, and the patient had no chill after the first dose was taken.

On the strength of these two cases I recommended the medicine to a professional friend who had been suffering for some time with intermittent fever, recurring often. He used the "Iodoform et Ferri" pills and was cured. He remarked to me afterwards that it was the most delightful remedy he had ever used. He also called my attention to the fact that Iodoform was one of the ingredients of "Condie's Chill Pills," so popular in some parts of the country as a nostrum.

AS A LOCAL APPLICATION.

In those fearful syphilitic pains of the tibia which occasionally seem to defy all treatment, I have seen most excellent results follow the incorporation of 30 grains Iodoform into some of the ordinary plasters and ointments for syphilitic periostitis, etc.; in fact an ointment of 30 to 60 grains Iodoform to an ounce of lard, is one of the most delightful remedies, so far as the relief is concerned, to painful burns, sores, chancres, boils, &c., that can be found, and the disease heals with great rapidity. In two cases of chancre the dry powder was applied with magical results.

Some French surgeons have recommended Iodoform as a local application in painful cancerous growths. I have no experience just here, but I have no hesitation in saying that, judging from close observation of its effects in other diseases, I should certainly give it a trial, both locally and internally. I should be positive of relieving that terrible pain, gnawing, tearing, shooting, too often finding relief only in death. One objection to its external local use is the disagreeable odor arising from it, so that I never use it until remedies less offensive have been tried. As the medicine is volatile, it should be given in pills, either coated with sugar or foil. I have generally used the pill "*Iodoform et ferri*," made by Warner & Co., and have usually found them good. The coating prevents the escape of the odor.

Hospital Reports.

CINCINNATI ACADEMY OF MEDICINE.

December 13th, 1869.

Traumatic Aphagia.

CONTRIBUTED BY C. S. MUSCROFT, M. D., FROM SECTION ON SURGERY.

Reported by Dr. J. W. Hadlock.

On the 2d of June I was requested by Dr. C. D Fisburn, to visit William Lambert, who, the day previous, had been struck on the side of the head with a slung shot, the blow being sufficient to fell him to the ground. He became very violent in his actions, but was unable to speak. When we first saw him, forty hours after he had received the injury, he complained, by signs, of pain in the head, and pointed to a small wound of irregular shape, covering a diameter of about half an inch situated one inch anterior to, and on a line with the parietal protuberance of the left side. When asked to walk he had a staggering gait, and indicated that he felt pain in the right arm, (probably, however, the sensation was numbness) which he moved with difficulty. His sight was as good as usual, although there was slight dilatation of the right pupil.

The tongue, on protrusion, was drawn to the right side with notable paralysis of that side of the face. In endeavoring to answer questions he made an inarticulate sound to all inquiries, and upon being requested to count, made great efforts to do so, but there was little or no difference in the voice sound of the names of numbers which he wished to pronounce. There was confusion of intellect, but no coma, sterterous breathing, or retention of the urine. After a free incision through the scalp, about two inches long, extending from the parietal protuberance forward, a depression of bone corresponding in situation to the injury of the scalp could be felt, large enough to admit the palmer surface of the index finger. There was at this time, undoubtedly, hemiplegia of the entire right side, but more marked in the upper extremity and face.

When asked to grasp my hand with his right hand, he could contract the fingers but slightly, producing little or no pressure. Antiphlogistic remedies were now prescribed.

On the 4th inst., I saw him again and thought him somewhat improved; still his pronunciation was no better.

On the 5th I visited him again and made tests of his memory and powers of expression in the following manner:

I would address words to him and ask him to pronounce them, but he could not do so; although he seemed to understand their meaning, he gave the same utterance to all. I then wrote distinct words upon a slate and asked him to read them; for instance the Christian name of his mother, this he read, and with his finger pointed to her; then the name of one of his sisters (two being present), and he would first point to one, then to the other, but it was evident he could not apply the name to the proper person. He was next tried with the word Cincinnati, which from his motions he seemed to understand, but when Mulberry street (on which he lived) was written, he could make nothing at all of it.

I thought perhaps this might depend upon his defective education, so I then tried him with the same words distinctly pointed in Roman letters, but he could make nothing out of them. The paralysis of the lower extremity had diminished perceptibly, whilst the power to contract the fingers of the right hand was considerably increased

I saw him on the sixth, when similar tests of his memory to apply to written words resulted about as before stated, and his power of pronunciation not improved, giving both words and numbers like sounds.

About the 10th I visited him again, and found all his symptoms improved; he being able to read and readily understand the same words I had tried him with previously, as well as others. There was also decided improvement in the contractile power of the fingers. About the 15th I visited him again with Dr. C. G. Comegeys, and found him much improved, there still being palsy of the right side to some extent

He could now pronounce a few words indistinctly and repeat names of things immediately after they were pronounced to him, but when asked to give the names of things he would merely utter some unintelligible noise. He was requested to call his own name, which he could not do, so as to

be understood, until after it was first pronounced for him. He could, however, understand simple written words very well.

We then tried him with all the letters of the alphabet, and the following was the result of his efforts:

He pronounced A, o; B, c; C, a; D, d; E, e; F, ough; G, e; H, ough; I, e; J, je; K, kayeh; L, l; M, m; N, yen; O, o; P, twee; Q, twoo; R, je; S, augh; T, t; W, twoo; V, g; W, twoo; H, eight; Y, two; Z, zes. Upon again asking him to pronounce his name (William Lambert), he called Zim Yer.

(Dr. CONEGEYS visited the patient a few days previous to this examination and gives his observations of the case in writing, which are very interesting of themselves, but so nearly similar to the above that we think it unnecessary to insert them here.—*Rep.*)

The interest in this case is the similar effects upon the brain from an external injury, as that frequently met with from idiopathic disease of that organ, producing that very interesting and peculiar condition known as aphagia. The aphagia, in this case, probably being the result, simply of concussion of that portion of the brain to which pathologists have referred the seat of the disease—the convolutions of the left anterior cerebral lobe.

Dr. FISHBURN saw this patient a few weeks ago when he seemed to be in perfect general health, although there was still slight paralysis of the right side of face and tongue.

PROCEEDINGS OF THE NEW YORK JOURNAL ASSOCIATION.

December 17, 1869.

Treatment of Lumbar and Psoas Abscess.

Dr. TAYLOR read a paper before the Association showing that in Lumbar and Psoas abscesses cures were obtained:

1st. By supporting the spine.

2d. By freely opening the depots of pus. He stated that in no single case has he ever seen bad results follow this practice, and always great relief. The doctor cited many cases from Dispensary and private practice to prove his propositions.

Prof. A. C. POST, said that for years it has been his habit in chronic abscesses, to open them and evacuate their contents by free incisions. If the access of air tends to give rise to unpleasant symptoms, he injected them with disinfectant solutions. He found that in many cases either plain water or soap and water was all that was needed.

Prof. SAYRE, completely coincided with and employed the treatment referred to by Dr. TAYLOR. The main point is the vertebræ. In one case, after letting out a large abscess in the lumbar region, he passed down and removed the carious portions of the bones. In his experience, the use of peruvian balsam, poured into the abscess, has been of great service.

EDITORIAL DEPARTMENT.

Periscope.

Treatment of Nævus.

In the *British Medical Journal*, Mr. T. P. TEALE gives the following article:

CUTANEOUS NÆVUS.—In 1863, I removed by enucleation a large nævus, overlaying and perhaps involving the parotid gland, in a child aged four months (*vide Medico-Chirurgical-Transactions*, vol. 1.) A portion of the skin covering the tumour was involved in the disease. In reflecting the skin covering the tumour, I preserved as part of the flap the nævoid skin, with the firm belief that in course of time this diseased skin would regain its natural appearance. The result justified my anticipation. One-third of the nævoid skin sloughed, but the remainder became united to the surface of the wound by cicatrix, and, at the end of three months, had the appearance of cutaneous nævus, being of the size of a shilling. At the end of a year, *all appearance of the nævus had faded away.*

A similar result has been obtained by Mr. FURNEAUX JORDAN, who has devised an operation for nævus of the face and orbit, which he has mentioned in the *Lancet* (1866, vol. ii, p. 618). "Where the skin is not greatly implicated, I made an incision through it, and completely through the nævus, dividing it into two halves; then each half of the tumor is cut out piecemeal by curved scissors. *The partially implicated skin will in time become natural.*"

In treating cutaneous nævus of the face and eyelid, Messrs. CURLING, STARTIN, BRODHURST, and others, have used subcutaneous ligature, which, whilst preserving the diseased skin, has induced its recovery by the production of internal cicatrix and the destruction of the subcutaneous part of the disease.

The principle involved in these changes is explained and applied as follows in my paper on enucleation of nævus. "When a portion of skin covering a nævus is involved in the disease, it is not necessary to sacrifice such diseased skin, as it may be dissected off the surface of the tumor, and, being retained as a cover to the wound, will regain gradu-

ally its normal appearance. The vessels of the nævoid skin are mainly fed from the nævus itself, but, after removal of the nævus, the diseased skin becomes united to the deep surface of the wound by new material, *i. e.*, by internal cicatrix. There being in all cicatricial structures a tendency to contract, the new vessels which pass through the cicatrix become gradually more narrowed and choked off, until at last the diseased skin, being mainly dependent for nutrition on its lateral continuity with healthy skin, is brought back to its normal state and appearance. This change does not occur immediately after the operation, but goes on gradually, in the course of months, simultaneously with the process of contraction of the cicatrix."

SUBCUTANEOUS NÆVUS.—Believing in the various methods of destroying nævus by subcutaneous ligature, setons, nitrate of silver, probes, etc., the great factor of cure is the internal cicatrix, which, by its contraction, cuts off in all directions that free and excessive intercommunication of blood-vessels on which the special character and growth of nævus depends, and induces a retrograde nutrition; *i. e.*, atrophy, I determined to put this notion to the test in the following case.

Enoch Lee, aged two years, was brought to the Leeds Infirmary on account of a nævus in the skin over the left shoulder-blade. At birth, of the size of a shilling, the nævus had grown, chiefly subcutaneously, until it had attained the size of a five-shilling piece, and stood out from the surface as a prominent tumor. A portion of the surface, of the size of a two-shilling piece, was red, being involved in the disease. The nævus could be felt as a well-defined flat tumor, with distinct margin, extending under the skin beyond the area of diseased skin.

March 1867. Having introduced the wire of the *ecraseur* at the margin of the tumor, I passed the chain round the edge of the whole tumor, and then split it into two, like a muffin. Henceforth, the two halves must reunite by cicatrix, and their freedom of vascular intercommunication must be progressively more and more reduced by the ever contracting cicatrix.—May 22d. All suppuration resulting from the operation had ceased.—October 1869. Since the cessation of suppuration, the tumor has gradually decreased, and is now perfectly level with the surrounding skin. With the hand, unaided by the eye, its situation can hardly be detected; all distinction from surrounding tissue has ceased, there being no trace whatever of the defined margin of the subcutaneous portion. The discolored skin is not materially altered.

This operation was specially devised and carried out in order to put to the test the views which I held as to the effect of cicatrix in producing atrophy, and which I clearly explained to my class before performing the operation. The result has amply justified both my anticipations and the practice based upon them. The only traces of operation to be found are two small white scars where the wire of the *ecraseur* was passed through the skin.

Reviews and Book Notices.

NOTES ON BOOKS.

WE have received, with the request "please notice," a copy of an address delivered before the National Medical Society of Washington, D. C., December 23, 1869, by Dr. DARBY, an advertising doctor, who was very properly refused membership to that Society. We cheerfully notice his effusion. It is a piece of vulgar blackguardism, the offence of writing and printing which is alone sufficient to prove him not only unfit to belong to a medical society, but any society composed of gentlemen.

A literary physician of eminence recently passed away in London at the good old age of ninety-one years. This was Dr. PETER MARK ROGET. He was born in 1778. He seems to have received no University training; at all events, he obtained his diploma as Doctor of Medicine in 1798, when he was not quite twenty years old. This diploma was granted by the Edinburgh University. He returned to London to walk the hospitals, and as soon as the Peace of Amiens had opened the continent to Englishmen, he went to Paris and to Geneva to improve himself in his profession. He made Manchester his home on his return, but after a few years removed to London. He was elected one of the Secretaries of the Medical and Chirurgical Society of London, in 1811, and in 1829 and '30 was elected its President. In 1814 he was elected a Fellow of the Royal Society. In 1820 he was made physician to the Spanish embassy. In November, 1827, he was elected Senior Secretary of the Royal Society, instead of Sir John Herschel, who retired. Dr. ROGET'S fame is due to his "Bridgewater Treatise on Animal and Vegetable Physiology," which he wrote in 1833, and to his "Thesaurus of English Words and Phrases," which has gone through nineteen editions, and whose twentieth edition he was correcting for the press when he fell asleep, after a few days' illness, at West Malvern, on Sept. 12th.

Observations on the Effects of Electric Currents upon the Living Tissues and upon Nutrition. By Drs. Legros and Onimus. Translated by J. Solis Cohen, M. D. Philadelphia: Published at the office of the MEDICAL AND SURGICAL REPORTER. 1870. pp. 100. Cloth. Price 50 cts.

This series of observations is perhaps the most valuable, in a practical point of view, of any ever published on electro-therapeutics. The authors are extremely skillful experimentalists, and explain the facts which lie at the basis of the application of electricity to the cure of disease in a simple, clear and scientific manner. The translation has been carefully made by Dr. J. SOLIS COHEN, who is well known as a thorough student of this branch of medicine, and a practiced writer. Those of our readers who have in their possession a battery will learn more hints from this little work how to use it intelligently, than they can from most of the bulky octavos on the subject.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, JANUARY 15, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

1870. **SPECIAL NOTICE!!** 1870.

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTER THAN WAS EVER BEFORE DREAMED OF IN MEDICAL JOURNALISM IN THIS COUNTRY.

☞ As a large proportion of our subscribers are, or very soon will be sending in their subscriptions for 1870, and many of them can, by a LITTLE EXERTION, send the names of NEW SUBSCRIBERS, we offer the following

LIBERAL PREMIUMS!!

which the reader will observe are not composed of *old and unsaleable books*, but of

NEW AND LIVE BOOKS!

AND SURGICAL INSTRUMENTS!!

1. For **1** *new subscriber* and $5, a copy of the PHYSICIAN'S DAILY POCKET RECORD—or any other publication the retail price of which is $1.50.

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5. For **15** new subscribers, and $75, an elegant Pocket-case of Instruments worth $20—or Books or Instruments to that amount.

*** If a new subscriber takes two or more of our publications at *commutation rates*, the amount must count $5 only for the premiums.

PROFESSOR GROSS' PORTRAIT.

We have had some Artists' Proofs issued of Professor GROSS' admirable portrait published in the REPORTER for January 8th, for the accommodation of those who desire to frame it. PRICE $1.00.

A QUESTION IN MEDICAL ETHNOLOGY.

It is generally supposed that the Jewish race is on the whole longer lived than its neighbors of Aryan descent. Not long since M. Legoyt read a long paper on the subject, before the Statistical Society of Paris. He considers that beyond doubt this general supposition is correct, and offers the following explanations:

1. The Jews marry earlier than the Christians, and thus derive at an earlier age the advantages which statistics show are incident to the married state. Still, hasty and rash marriages, which are alike hurtful to the health of parents and children, are rare. 2. The fecundity being less, they can pay much more attention to the preservation of their children. 3. By reason of the small number of illegitimate children they have, they escape the exceptional mortality which sweeps away such children. 4. The Jew does not pursue any calling which demands very hard labor. He is neither an agriculturist, a laborer, a mechanic, sailor, nor miner. Before all things, he is the shopkeeper, merchant, banker, artist, *savant*, man of letters, or public functionary. 5. The Mosaic law contains ordinances which, being purely hygienic, must exercise a favorable influence on the health—*e. g.*, the verification of the condition of slaughtered animals, the frequency of ablution, the practice of circumcision, and the separation of the husband until a week after menstruation, etc. 6. The strength of the family feeling among the Jews. It is only when it is absolutely impossible, and without distinction of rank, that a Jewish woman does not suckle her child.

A pamphlet has lately been written on the physical characteristics of the race by JOHN BEDDOE, B. A., M. D., President of the Anthropological Society, etc. A good deal of this pamphlet is occupied with the question as to whether the existence of light hair and eyes among the Jews is compatible with purity of race. It seems unquestionable that xanthous Jews exist into whom there has been no recent importation of Gentile blood; and the fact that these red-haired Jews are found in countries widely separated precludes the idea that any special local cause, such as climate, has wrought the change. Dr. Beddoe suggests three possible sources of early admixture, which he thinks may explain the xanthous element observed among living Jews. The Jews may have intermixed with inhabitants of Spain long before the Babylonian

captivity, or with the Phœnicians; or, lastly, the known amalgamation of the Idumæans with the Jews may be the source whence the red hair, which probably characterised that people, has been derived. 7. The sobriety of the Jews is incontestable. 8. Throughout the entire Jewish community, a warm feeling of charity for the indigent and miserable prevails. 9. The religious Jew is remarkable for his great serenity of mind, and his deep-seated faith in Providence. 10. The morality of the Jews, as deduced from criminal statistics, seems to be real, and is only an indication of those regular habits of life which exercise so great an influence on the duration of life.

It would seem, however, from some statements made at the last meeting of the British Association that this claim to longevity is being forfeited, and from a curious cause. At that meeting Sir DUNCAN GIBB read a paper entitled "An Obstacle to European Longevity beyond Seventy Years." He had previously shown that, in an examination of 5,000 healthy persons of all ages and both sexes, the epiglottis was pendent and not vertical in 11 per cent. On analysing his statistics, and taking his general experience, he had found that in no instance has the cartilage been pendent over 70 years; and he has examined a considerable number from 70 to 95 years, in all of whom it was vertical, even in one case of a person aged 102. He, therefore, concluded that pendency of the epiglottis is an obstacle to longevity beyond 70, and death ensues from some cause or other at or before that age. He mentioned several aged statesmen and others whose epiglottis was vertical, like Palmerston, Lyndhurst, Brougham, and Campbell.

A second paper by Sir DUNCAN GIBB following the other, was on "A Cause of Diminished Longevity among the Jews." This he showed to be the persistent use of *olive oil* for culinary purposes, giving to them an appearance which he characterised as the *sanguineo-oleaginous expression*, typically exemplified in the furniture auction rooms of London. Usually with this was a pendent epiglottis. Longevity was rare amongst such persons; they become constitutionally old, seldom or never actually reach old age, and die from some of the fatal congestive diseases.

Let us have a crusade against olive oil as the next act in the drama of "reform."

THE AMERICAN SYSTEM OF LIFE INSURANCE.

It is very evident that our life insurance companies reap enormous profits from some source. Apparently, life insurance stock has been about the best paying stock on the market for years past. Yet we are warned by the recent collapse of two or three of the oldest, and, as was supposed, best established and safest, English life insurance companies, that with all this outward appearance of prosperity, there may be something wrong which will ultimately jeopardize the interests of those who furnish this enormous capital—the insured. Perhaps the English system of life insurance is wrong, and it may be that what is called the "American System" is nearer right, is safer. We must confess that it looks so to us.

The subject is discussed so ably in a recent number of that interesting paper the *Yale College Courant*, that we transfer its article to our pages, and beg to call the attention of our readers to it. The *Courant* says:

Leaving out of the question the advantages arising from intelligence and economy in the management of money, and the disadvantages growing out of the absence of those qualities, the intrinsic value of a dollar is greater to some persons than to others. Let us see.

The longer a person lives in the world, the more will he need money, and therefore the greater the value of the dollar to him. The following table is illustrative, and shows the wonderful increase of a dollar at interest through different periods of years:

$1.00	kept at	7	per ct. comp. int.	10	yrs. will amt. to	$1.97
"	"	"	"	20	" "	3.87
"	"	"	"	30	" "	7.61
"	"	"	"	40	" "	14.97
"	"	"	"	50	" "	29.46
"	"	"	"	60	" "	57.94
"	"	"	"	70	" "	114.00
"	"	"	"	80	" "	224.23
"	"	"	"	90	" "	441.09
"	"	"	"	100	" "	867.73
"	"	"	"	110	" "	1,706.79

It is thus made plain that of two living persons, each possessing a dollar, that held by the one who is to live the longer is of the greatest value.

But can it be known which will live the longer? No, not positively as between *two* individuals, but it is not difficult to decide as to which has the best chances of living. Let us examine the facts.

Vital statistics of established accuracy reveal the fact that all persons from birth, sick and well, average to live in the world about forty years, and from the same statistics we learn the average prospects of life from any other given age. For example, all humanity, sick and well, who have lived twenty-five years will average to live about thirty-six years more.

Now this includes many sick and dying who can-

not possibly live that long; it may be, not even for a year, some who can live just about that number of years, and others who can live very much longer. If then we exclude from the average those who are now sick, the average length of life of those who remain will be much greater. And if from those who are now in health we exclude all those whose lives are endangered by vicious habits, hazardous or unhealthy vocations and residences, the average of the "best lives" remaining will show a much greater average of life than the general average, which as has been shown includes all.

Physiological science develops the fact that with very rare exceptions, man will not live beyond the average of his ancestors. A stream does not rise higher than its fountain. If then we take a step further and exclude all whose ancestry have been short-lived, the average length of life of those who remain will be still greater, and the value of a dollar to such persons will be the greatest.

In this manner any person can estimate for himself, his own *rational* expectation of life, or of those upon whom his happiness or success depends; an estimate which will be of use, not only in giving the knowledge of the relative value of money for the purposes of his own life, and the best way of managing it, but in the selection of partners, or wives, and in the conduct of all the affairs of life. Such an appreciation of one's own chances of living is an invaluable guide in the purchase of Life Insurance, especially to those who belong to a long-lived, healthy race, for if their chances of life are measured by the ordinary or European system of a "general average," they will be much *under* rated, and the prices will therefore be much higher than is either necessary or just, and it is plain, that what they thus overpay will be used by the Company in making up the deficiences of those whose chances of life have been *over*-estimated in the "general average."

For example, a person who insures his life for $5000 when twenty-five years of age on the general average basis, which gives him an expectation of 36 years of life, would, if he lived to eighty years of age, or 19 years longer than the "general average," have paid to the Company in premiums and interest more than $19,000.

It is plain that if 1000 men are insured at 25 years of age who will *average* to reach 80 years of age, they should receive over $19,000 each, or in the aggregate $19,000,000, this *could* be given to them if they were separated from the short lives, and relieved from sharing their numerous losses. As it is they receive only the $5000 each. These insurance overpayments are absorbed by the naturally short-lived unjustly *averaged* with the long-lived. It would appear, then, as if entire justice could be rendered all classes only by reducing the premiums of the superior, and increasing those of the inferior, and a separate classing together of those whose chances of living are about equal.

These ideas form the basis of the classification of the New American System of Life Insurance, which has been put into successful operation by the American Popular Insurance Company which was organized in 1866, in New York city. The officers have written an interesting work entitled "Longevity" which discusses in original style the whole question of the family inheritance of longevity and its personal and visible indications.

Practically the plan is a great success, and the correctness of the classification is eminently satisfactory. The examination of applications, containing more than twelve thousand family records, has confirmed the soundness of its principles; and the fact that the best class, or long-lived, numbering over *three thousand* policies, has sustained but *four* losses in the three years of the Company's existence, is a triumphant vindication of the plan adopted as the basis of classification; while in the third class (sound, but short lives, and who would have been accepted in any other company) the losses have been, as was expected, more than fourfold greater.

Each class pays its own losses and shares its own surplus of premiums. The losses in the first class have been *four* of three thousand dollars each—in all twelve thousand dollars only—while the experience of other companies would have given twenty-one, amounting at three thousand each, to sixty-three thousand dollars. Here, by classification, in the first three years of its business, the company saves *fifty-one thousand* dollars. In ten years, at seven per cent. compound interest, this amounts to *one hundred thousand*, and, in ten years more, to *one hundred and ninety-seven thousand;* that is, the Company, on its *first three years' business only* will have, in twenty-three years from the date of the first policy issued, a surplus of *one hundred and ninety-seven thousand dollars* over an ordinary company doing the same amount of business in the same time. The superiority of this system for the policy-holders needs no further illustration.

Notes and Comments.

"Which is the Best?"

Our opinion is asked by several correspondents as to the relative merits of the *American Journal of Obstetrics*, and the *Journal of the Gynæcological Society*. They are both excellent works, creditable to American medical literature. The first is devoted particularly to obstetrics and the diseases of children, while the latter treats especially of the diseases incident to women.

Dr. Naphey's "Modern Therapeutics."

This valuable work is now nearly ready, and we shall be prepared to fill orders for it this month. It is a stereotyped phrase to say that "every physician should buy this book," and there are very few works of which it can be said with propriety: this, however, is one of the few. It is on *Therapeutics* and *treatment* what Dr. DACOSTA's work is on *Diagnosis*. The recipes are drawn only from recent and trustworthy sources. The best *living* authorities are alone quoted, in which respect it contrasts widely and most favorably with the antiquated recipes in the "Formularies" now in the market. The prescriptions are not of scarce and novel articles, but of standard and well-tried drugs. When drawn from foreign sources they are reduced to the preparations and expressions of the *U. S. Pharmacopœia*. Complete epitomes of the hypodermic and inhalation methods down to the latest acquisitions of science are given. The nosological arrangement is maintained; not only are specific details given for the administration of the medicines, but also hints how to make medicines palatable, and when they are indicated. The *therapeutical index* gives the volume the convenience in this respect of a regular formulary.

Insanity in Men and Women.

We have not had the pleasure of seeing the annual report of Dr. CHOATE, of the State Lunatic Hospital at Taunton, Mass., but he is reported as saying in it, "that the excess of insane women over insane men is becoming more and more marked. He does not attribute it to any greater liability to the disease among women, but to the fact that more insane men die. More women sink into hopeless insanity. Men are made insane by physical causes, while women succumb to subtle moral influences, not easily reached by hospital treatment; not threatening to life, but intractable and not very well understood by the profession."

We believe that the records of institutions for the insane, when taken in the aggregate, will show that there is more insanity in men than in women; that the insanity of men is generally of shorter duration —more of them die, or are cured—than that of women, whose insanity is more apt to settle down into melancholia and imbecility. Thus, while men *pass through* institutions for the insane, either to the grave, or back into society again, women *accumulate* in them, and records, if not carefully studied, tend to give the impression that there is more insanity in the female than in the male sex, while, in reality, the contrary is the fact.

A Philanthropic Physician Gone.

A true philanthropist has lately died in Richmond, Virginia. This was Dr. LAWRENCE ROANE WARING, a good Samaritan of the medical profession, the aggregate of whose fees during the twenty years of his practice exceeded half a million of dollars, yet the entire value of whose personal property at the time of his death, exclusive of uncollected medical fees, did not exceed $600, a sum not equalling the amount of his fees as a physician for the four or five days which preceded his last illness. The explanation is that he gave to the poor vast sums, having devoted almost his whole career as a physician to their relief, dying with no other personal property than his simple office furniture, his library, and the horses which he rode in the prosecution of his benevolent mission.

To his last resting-place in the beautiful Hollywood Cemetery, this man, without wife or children, was followed, in an almost interminable procession, by his vast family the poor, and by multitudes of others who appreciated his self-denying and most unpretending goodness.

We hold up Dr. WARING as an example of a man who seems to have followed humbly in the path of Him who "WENT ABOUT *doing good*." We invoke others to imitate that example as they can.

The Sewing Machine Trouble.

A correspondent in Ohio writes to us throwing doubts on the bad effects of the "oscillating motion" of the sewing machine. He says: "I remember well when my sister spun on a small wheel all the flax for the wear and beds of a large family. This required daily work for weeks; and I used to know women who made it a business of going from farm to farm and doing the flax spinning for a number of families, and yet no one ever heard of this constant spinning inducing disease. Now, the motion required to run a spinning-wheel is precisely the same as that required to run a sewing machine. The probability is, that it is not the *kind* of work done, but the *amount*, that causes the trouble."

Who is at Fault?

A correspondent in Ohio cuts from the *Cincinnati Commercial* an account of an operation for the transfusion of blood, performed by Dr. MORTON, at the Pennsylvania Hospital, in this city, October 18, 1869, and published editorially in the *Public Ledger* of this city, November 9th. Our correspondent inquires whether this is the way Philadelphia physicians are accustomed to interpret the "Code of Ethics." As we are not acquainted with the facts, we can only say that if this was done with the connivance or knowledge of Dr. MORTON, Philadelphia physicians or any others will pronounce it an irregularity deserving severe criticism. But from our knowledge of Dr. MORTON, we feel justified in saying that he was *not* a party to the publication.

A Question for Gynæcologists.

We have received the following inquiry from a gentleman in Michigan, which we submit to the energetic gynæcologists of our country: "Can we by a system of dietetics during pregnancy, mitigate the pains of labor and make delivery more easy by excluding from the diet those articles of food which contain the elements for the formation of bone, leaving the osseous frame destitute, 'or nearly so,' of inorganic matter at birth, being simply cartilaginous. Will the editors and readers of the REPORTER be kind enough to answer the same, as I deem it a matter of importance in those cases where the diameters of the pelvis are less than normal?"

A new Medical Society in the District of Columbia.

A new Medical Society was recently formed in the District of Columbia. The occasion was the refusal of the old medical organization of the District to receive into membership two applicants, against whom no objection was urged on account of lack of qualifications—but simply, that they were negroes. As that objection cannot hold many years longer, it would have been wiser if the old society had admitted them.

Dr. ROBERT REYBURN was chosen president, and Dr. GRAY, secretary. A committee was appointed to draft a constitution and by-laws. In defining their status as practitioners, they had much better have omitted the term "so-called allopathic." We believe it was Dr. CHARLES J. B. WILLIAMS, of London, who introduced the term "practitioners of legitimate medicine," to represent the members of our profession in contradistinction from all classes of irregular doctors.

Lead Poison.

At the meeting of the New York Board of Health, January 5th, a report on lead poisons, which are contained in most cosmetics, was received from Dr. HARRIS. The report also stated that lead was conveyed in the water from the Croton pipes.

Dr. STONE said that he had doubts as to lead being conveyed in the Croton and Ridgewood pipes. The assertion was generally made by those who had tin-lined pipes to sell. He moved that the chemist be instructed to make an analysis of the Croton and Ridgewood waters, and also of the cosmetics, and that Dr. HARRIS' report be referred to the Sanitary Committee. Carried.

The Gynæcological Journal of Boston.

Now that the time of year is upon us when physicians collect their fees, we advise them to invest a portion of their receipts in the above-mentioned very excellent journal. It is devoted to diseases of women, surgical and medical; it is well edited and handsomely printed, and it deserves liberal patronage. We will send the REPORTER and the *Journal* for $7 50, or $3 00 can be sent directly to James Campbell, publisher, Boston, Mass.

Russian Baths.

At the same meeting of the Board of Health, Dr. HARRIS presented a report on seventeen Russian baths, of which it is stated that the proprietors, with pumps, brought in water which had been used before. One inspector, Dr. INGRAHAM, found but one bath in which the water had been repeatedly used, and that the pumps to that had been cut out and the proprietor had promised hereafter to use only clean water.

Note on a Case of Puerperal Convulsions.

A correspondent writes: In regard to Dr. HALL'S interesting case of puerperal convulsions, in the issue of December 4, 1869, you will find a counterpart in Bedford's "*Principles and Practice of Obstetrics*," page 487. His patient, primipara, eight months—had eaten preserved quinces and plumb cake instead of chestnuts. His treatment was 20 grains of sulphate of zinc, with quite a different result.

Correspondence.

DOMESTIC.

Intermarriages of Relatives.

EDS. MED. & SURG. REPORTER:

SIRS: Very much has been written of late on the subject of "Marriage in Consanguinity," but in my humble opinion little proof has been produced to show that intermarriage does not deteriorate the human species. In spite of all that can be said in its favor, the rebutting evidences seem largely to preponderate.

Your worthy correspondent from New York city, whose article appears in your journal for Dec. 18th, makes a strenuous effort to demonstrate beyond a doubt that intermarriage produces no deterioration, citing proof from the animal kingdom. The medical gentleman has had the benefit of living on a farm a portion of his life, therefore, his opinion in relation to domestic animals ought to be duly regarded; but, to establish some of the ideas he has already advanced in said article, will puzzle him considerably, provided he receives the testimony of other medical gentlemen who have had the benefit of living on a farm. Before referring to animals, etc., I beg leave to mention a few cases which have come to my knowledge within the last twenty-five or thirty years, in relation to intermarriage. I do not

wish to use names for obvious reasons, nor to occupy unnecessary space in your valuable journal.

One case where first cousins intermarried, they had some five or six children, none of whom were bright, and nearly all of them occupy premature graves. Another case, where first cousins married, had a numerous progeny. They were extremely stupid, ranking but a trifle above idiocy. One of them could not be taught the alphabet at the age of seven or eight, in fact I never learned whether he was ever able to master it. Another case, where four or five children were born to cousins, they were all of them idiotic, and could not even feed themselves when some thirteen years old,—one or two of them died quite young. I could mention a large number of cases, but will only trespass with one more, where cousins of more than ordinary intellect intermarried; I believe they had some seven children, one of whom died while young, but was very deficient in intellect; another of the same family is an object of pity to all beholders.

Now in relation to the animals, I would say a few words. My experience on a farm has taught me quite a different lesson from that of Dr. SHELDON. It has been found that horses raised from one stock are puny, less hardy, and very liable to the botts. Cattle reared in like manner were small, giving but a small amount of pale milk—apt to die in severe winters, unless more than ordinary care was taken of them. The sheep, like the cattie, grew delicate and small in each year's stock, were very liable to the rot, and to die in cold winters. Turkeys and chickens raised from one stock become puny and delicate —dying in large numbers with the gapes while young.

The same law is correct in relation to the vegetable kingdom. Wheat cannot be cultivated successfully for many years without changing the seed, because it loses its vital energy, and ceases to ripen. Agriculturists and horticulturists will no doubt tell the same story in relation to everything under their culture.

In conclusion, I ask, how can it be proven that intermarriage does *not* deteriorate, when we learn such conflicting evidence from nature in its various types? O. C. ALEXANDER, M. D.

Albany, N. Y., Dec. 28th, 1869.

Injections into the Colon.

EDS. MED. AND SURG. REPORTER:

In a late number of the REPORTER is an article on "The Long Tube in Intestinal Obstructions."

That article was such as was needed, filling up a breach in medical literature.

But economy with the physician in expenditures for instruments, if not a virtue, is often a necessity; though in this instance it loses none of its virtue for all that.

Sometime since, having a case of obstruction of the bowels to deal with, which resisted all ordinary cathartics, and even croton oil, I was driven to the extremity.

The injection with the ordinary short nozzle of the syringe was promptly returned with scarcely a mixture of fœcal matter, and with no relief to the patient.

Having a "Davidson's Syringe" and a No. 12 catheter of the usual style, the idea suggested itself that by combining the two they might be useful in the case in hand. After oiling the catheter well, I introduced it, with but little difficulty, almost its full length into the bowel, leaving just enough of the head external to receive the anal nozzle of the syringe. I then proceeded in the ordinary manner to use the syringe, throwing about five pints of the clyster gradually into the bowel.

I was highly gratified in a few minutes, by procuring a copious evacuation from the bowel, well mixed with fœcal matter; this was soon followed by several others, and an entire relief to my patient from pain and myself from anxiety.

The same No. 12 Catheter served me well in another case of general peritonitis accompanied by a tympanitic condition of the intestines to distension.

By introducing this instrument I permitted the escape of an immense amount of excessively fetid flatus, greatly to the relief and benefit of my patient.

I only suggest this as a substitute in the absence of the long tube, and think that it will not always be a broken reed upon which to lean.

WM. MCKEAN, M. D.

Mt. Hope, Ohio, Dec. 2d, 1869.

A Practical Observation in the Use of the Hypodermic Syringe.

EDS. MED. AND SURG. REPORTER:

Every physician has found more or less difficulty in preserving a uniform solution of morphia for hypodermic use. This is especially the case if he carries it in his pocket. Owing to the deposit of the salt around the rim of vial, he is often in doubt as to the amount of morphia he is using.

My custom now is (when I find circumstances that really indicate its use) to call for a glass of water, teaspoon and lamp. Dissolve the powder in aqua q. s. in a teaspoon, aided by the heat of the lamp. Before putting the needle on to the syringe draw into the syringe the solution, then put the needle on. If the secondary effects of morphia are feared, or you wish to modify the constipating action, or more certainly to diminish the reflex irritability of the spinal cord, add 10 or 20 drops of Fleming's solution of atropia—heating all together.

R. Atropia, 1 grain; distilled water, or ice water, 5 drachms; dissolve thoroughly, with the aid of a few drops of muriatic acid; add of rectified spirit q. s.

make 10 drachms; 10 minims—1-60 of a grain. I have used the hypodermic syringe more or less for the last 10 years, not indiscriminately, but with the best judgment at my command.

The above plan will undoubtedly commend itself to all practicable minds, and I shall be satisfied if I have called the attention of those who have never tried it.

F. A. WARNER, M. D.

Farmington, Illinois.

Medical College Convention.

The following notice has been sent us:

To the Trustees and Faculties of the Medical Colleges in the United States:

The undersigned committee, in accordance with the instructions of the convention of delegates from Medical Colleges held in Cincinnati, in May, 1866, respectfully and earnestly invite you to send delegates to a convention to be held in the City of Washington, on the *Friday* preceding the *First* Tuesday in May, 1870, for the purpose of considering all subjects connected with medical college education, and procuring the co-operation of the schools in carrying out a uniform system of medical instruction. It is very desirable that every regular medical college in this country should be represented in the convention.

N. S. DAVIS,
S. D. GROSS,
GEO. C. BLACKMAN,
F. DONALDSON,
Committee.

Chicago, Ills., Dec. 11th, 1869.

NEWS AND MISCELLANY.

Colored Physicians.

The following extract from the proceedings of the United States Senate, on Dec. 9th, should find a place in a medical journal:

MR. SUMNER offered a resolution directing the Committee on the District of Columbia to consider the expediency of repealing the charter of the Medical Society of the District of Columbia, and such other legislation as may be necessary to secure for medical practitioners in the District of Columbia equal rights and opportunities without distinction of color.

MR. NORTON objected to the immediate consideration of the resolution.

MR. SUMNER said if the occasion for the resolution was known there would be perhaps no objection to it. A surgeon who had been brevetted a colonel for his services in the Union cause was now a practicing physician in Washington, and he, with another colored member of the medical profession, had, upon making application to the Medical Society of the District of Columbia, been blackballed on the ground that they were colored persons. The effect of that act was to exclude them from co-operation and counsel with members of that society in Washington, and thereby inflict a penalty upon their patients. A rule of the society referred to, prohibited consultation or association by the members thereof with any resident practitioner not a member. Thus were the colored practitioners shut out from the ordinary opportunities of consulting with their professional brethren on important cases coming before them; their race was degraded by the act, and the profession which was guilty of such ostracism degraded itself. The medical profession of Washington must take notice that this outrage would not be allowed to continue without a remedy if the speaker could obtain it through the action o f Congress.

MR. PATTERSON inquired whether it was possible to apply the necessary remedy through the medium of Congressional action. Would not admission to medical consultations of this society be regulated by the society notwithstanding any remedial action by Congress as proposed.

MR. SUMNER said, that by repealing the existing charter of the Society and chartering a new Society founded on Republican principles, which should receive colored people into its fraternity, the object desired might be obtained. This same battle had been fought stage by stage, and the victory had been achieved by stages; the present question was but one additional feature of the struggle for principle.

MR. PATTERSON expressed his cordial approbation of a proposition of the character of that proposed; but, at first supposed this one might not be practical, nor attain the object sought to be attained.

MR. NORTON then withdrew his objection to the resolution, inasmuch as it was simply a direction to the committee and did not commit the Senate to any action in the premises.

The resolution was agreed to.

Irish Medical Students.

It is stated that in nearly every one of the anatomical schools in Dublin the classes are larger than for many years past; the number of new entries, or first-year's students, like those in this metropolis, is especially large, and among them is a lady student, who is attending lectures, &c., at Dr. STEEVEN'S Hospital, who intends to apply for admission to the Prelimininary Examination at the Royal College of Surgeons of Ireland.

Information Wanted.

We would call the attention of our readers to our "Queries and Replies" column, and ask those who can do so, to aid us in giving the information asked for. Much valuable information has been, and may still be, diffused through this column.

——A little girl named Gardener was found dead in the cradle at Newark on Sunday, supposed to have been caused from the effects of opium contained in soothing syrup.

——The Maine medical school at Bowdoin College will begin its fiftieth annual course of lectures on the 17th of February next.

QUERIES AND REPLIES.

Gleet.

EDS. REPORTER: I have at present a patient troubled with gleet, which so far has baffled all my attempts at cure, as well as the efforts of several other physicians.

If you or any of the correspondents of the REPORTER can give me any further light upon the subject, I would be most happy to receive it. I have had quite an extensive practice in private diseases and am generally successful, but this case seems to need extra treatment, and as the patient is quite anxious to be cured, I thought to write for a little advice and will make my letter as brief as possible. F. B. contracted gonorrhœa eighteen months since; was treated for it, but was left with the gleet which has continued almost uninterruptedly ever since. About four months ago he came into my hands. I have treated him by the abortive method, and a great variety of medicines, and finally by the use of oil of Turpentine internally; succeeded in arresting it for three weeks, but it has since returned from no apparent cause. The patient is a young man of 26 years of age, unmarried, and of good habits generally. Since this difficulty (and not before he claims) he has been troubled with nocturnal emissions.

Hannibal, N. Y. D. F. A.

Epilepsy.

EDS. REPORTER: I have a case of Epilepsy—a boy, aged 16—in which Bromide of Potassium has been used for six months, in doses commencing with grs. v, and increasing to grs. x, three times daily: (also enjoined strict attention to the alimentary canal) with the effect of gradually lengthening the interval between the "fits," and it is now over two months that he has been free from spasms. Prior to this treatment, he was falling every day on the streets, and sometimes two and three times a day; but his intellect instead of improving as the Epilepsy disappeared, is becoming more and more impaired. Under the circumstances, would it be advisable to continue the same treatment? Are we to attribute the weakening of the mind to the Pot. Brom.? Is not Pot. Brom. regarded as the remedy *par excellence* in Epilepsy? A. W. S.

Dr. W.: Can you inform me, through the usual channel, what is the best work on *qualitative* analysis for a (*self-instructing*) course in medical chemistry? I remember the names of quite a variety of treatises of this kind, but cannot recall their individual contents. In answering, please inform where and at what price the book can be procured.

We believe Fresenius to be the best. Costs about $2 00. Our commission agency will send it.

Dropsy.

EDS. REPORTER: A subscriber of your very excellent Journal desires advice in the following case:

A lady, aged about 45, afflicted with ascites, of renal origin, of some years standing, on whom a great variety of diuretics, tonics, alteratives, etc., have been tried in vain, and who has been tapped three times, desires when tapping is again performed to have a silver cylinder or plug introduced after the canula is withdrawn, which is to remain in permanently, in order that she can, herself, remove it from time to time, and let the fluid flow off, so as to obviate the necessity of repeated tappings. Is such a procedure practicable, and how should the case be managed. Very respectfully, L. W. B.

Carbolic Acid.

Dr. J. B.—I will trouble you to inform me, either through the REPORTER or by mail, of the comparative strength of the crystals and the (chemically pure) solution of the acid. And what preparation of the solution is the most reliable.

Dr. J. H. S., of Iowa.—The American *Journal of Obstetrics* is published by Townsend & Adams, New York city, at $4.00 a year.

Dr. J. D. Pa. -Will santonin lose its anthelmintic properties by age?

Ans.—Yes, if exposed to the light.

MARRIED.

McDONALD—BAKER.—In New York, on Jan. 5, 1870, at the residence of the bride's father, Mr. A. M. Hitchcock, by Rev. Dr. Geer, Wm. O. McDonald, M. D., and Mrs. A. W. Baker.

ROBINSON—TROUT.—At Minersville, Pa., Dec. 28, 1869, by Rev. I. W. Schenck, William H. Robinson, M. D., of Pottsville, Pa., and Miss Mollie A. Trout, of Minersville.

WHITE—SECORD.—At the residence of the bride's parents, Greenwich, Conn., Dec. 27, by the Rev. E. H. Barnes, assisted by the Rev. Wm. P. Alcott, Dr. J. C. White and Mary F., second daughter of John F. Secord, all of the above place.

DIED.

BIGLER.—In Windsor township, York county, Pa., at the residence of his father, Dec. 21, 1869, Dr D. Mitchell Bigler, aged about 26 years. Cause of death, phthisis.

GALE.—At Hamilton, Ohio, Dec. 28, Edward Alsbury, son of Dr. John Witten, and Kate E. Gale, aged 8 months.

LIPPINCOTT—On the 4th inst., at his residence in Falsington, Bucks county, Pa., Dr. Henry Lippincott, in the 69th year of his age.

LOWBER.—In this city, on the 6th inst., Dr. Edward Lowber, in his 86th year.

LOZIER.—In New York, suddenly, on Monday, Jan. 3, Mrs. Charlotte Denman Lozier, M. D., wife of Dr. Abraham W. Lozier, in the 26th year of her age.

MINER.—In Wilkesbarre, Pa., Dec. 19, Dr. Ebenezer Boman Miner, aged 40 years. Dr. Miner was a graduate of Columbia College, in the city New York, and received his degree of M. D. at the University of Pennsylvania. He was an eminent physician, and leaves a large circle of friends to mourn his loss

METEOROLOGY.

DEC.	27,	28,	29,	30,	31,	J 1,	2.
Wind.....	N. E.	N.E.	N. W.	N. W.	N. W.	N. E.	S. W.
Weather.	Cl'dy	Cl'dy	Cl'dy	Clear	Clear	Cl'dy	Cl'dy
Depth Rain	Rain 5-10	Rain					Rain 7-10
Thermom....							
Minimum..	35°	38°	30°	24°	28°	27°	37°
At 8, A M.	47	48	41	37	39	38	55
At 12, M...	47	51	42	47	50	42	57
At 3, P. M.	48	54	43	46	52	43	55
Mean.....	44.25	47.75	39.	38.50	42.25	37.50	51.
Barometer..							
At 12, M...	30.2	29.9	30.1	30.	30.2	30.2	29.2

Germantown, Pa. B. J. LEEDOM.